

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/807425

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1				51					
2							52					
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47							97					
48							98					
49							99					
50							100					
TAL D.							TOTAL IND.					
TAL P.							TOTAL DEP.					
TAL AIMS							TOTAL CLAIMS					

BEST AVAILABLE COPY